

# YOUR CONTRIBUTIONS TO BENEFIT OPTIONS

(Effective October 1, 2005)

## MONTHLY MEDICAL PREMIUMS

|  | SINGLE    |            |            | FAMILY    |            |            |
|--|-----------|------------|------------|-----------|------------|------------|
|  | Your Cost | State Cost | Total Prem | Your Cost | State Cost | Total Prem |
| <i>Central Region: Maricopa, Gila, Pinal Counties</i>              |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO  | \$25.00   | \$355.68   | \$380.68   | \$125.00  | \$818.52   | \$943.52   |
| Schaller Anderson (SA) EPO   | \$25.00   | \$355.68   | \$380.68   | \$125.00  | \$818.52   | \$943.52   |
| United (UHC) EPO   | \$35.00   | \$355.68   | \$390.68   | \$135.00  | \$818.52   | \$953.52   |
| AZ Foundation (AZF) PPO  | \$140.00  | \$477.66   | \$617.66   | \$390.00  | \$1,117.20 | \$1,507.20 |
| United (UHC) PPO   | \$150.00  | \$477.66   | \$627.66   | \$400.00  | \$1,117.20 | \$1,517.20 |
| <i>Southern Region: Pima, Santa Cruz Counties</i>                  |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO  | \$25.00   | \$344.28   | \$369.28   | \$125.00  | \$788.88   | \$913.88   |
| Schaller Anderson (SA) EPO   | \$25.00   | \$344.28   | \$369.28   | \$125.00  | \$788.88   | \$913.88   |
| United (UHC) EPO   | \$35.00   | \$344.28   | \$379.28   | \$135.00  | \$788.88   | \$923.88   |
| AZ Foundation (AZF) PPO  | \$140.00  | \$428.64   | \$568.64   | \$390.00  | \$979.26   | \$1,369.26 |
| United (UHC) PPO   | \$150.00  | \$428.64   | \$578.64   | \$400.00  | \$979.26   | \$1,379.26 |
| <i>Northern Region: Yavapai, Coconino, Navajo, Apache Counties</i> |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO  | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| Schaller Anderson (SA) EPO   | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| AZ Foundation (AZF) PPO  | \$140.00  | \$505.02   | \$645.02   | \$390.00  | \$1,217.52 | \$1,607.52 |
| <i>Southeastern Region: Graham, Greenlee, Cochise Counties</i>     |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO  | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| Schaller Anderson (SA) EPO   | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| AZ Foundation (AZF) PPO  | \$140.00  | \$505.02   | \$645.02   | \$390.00  | \$1,217.52 | \$1,607.52 |
| <i>Western Region: Mohave, La Paz, Yuma Counties</i>               |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO  | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| Schaller Anderson (SA) EPO   | \$25.00   | \$478.80   | \$503.80   | \$125.00  | \$1,126.32 | \$1,251.32 |
| AZ Foundation (AZF) PPO  | \$140.00  | \$505.02   | \$645.02   | \$390.00  | \$1,217.52 | \$1,607.52 |
| <i>Out-of-State</i>  |           |            |            |           |            |            |
| Beech Street PPO   | \$25.00   | \$636.12   | \$661.12   | \$125.00  | \$1,519.62 | \$1,644.62 |

## MONTHLY DENTAL PREMIUMS

|                                 | SINGLE    |            |            | FAMILY    |            |            |
|---------------------------------|-----------|------------|------------|-----------|------------|------------|
|                                 | Your Cost | State Cost | Total Prem | Your Cost | State Cost | Total Prem |
| Employers Dental Services (EDS) | \$4.02    | \$6.18     | \$10.20    | \$18.16   | \$11.50    | \$29.66    |
| Assurant (FORTIS)               | \$4.68    | \$6.18     | \$10.86    | \$18.02   | \$11.50    | \$29.52    |
| Delta Dental (DELTA)            | \$14.56   | \$15.40    | \$29.96    | \$54.14   | \$43.50    | \$97.64    |
| MetLife Dental (METLIFE)        | \$12.90   | \$15.40    | \$28.30    | \$45.00   | \$43.50    | \$88.50    |

## MONTHLY VISION PREMIUMS

|               | SINGLE | FAMILY  |
|---------------|--------|---------|
| Avesis Vision | \$6.34 | \$17.18 |

## MONTHLY PREMIUMS - SUPPLEMENTAL LIFE PLAN

| Your Age     |         |
|--------------|---------|
| 29 and under | \$0.50  |
| 30-34        | \$0.60  |
| 35-39        | \$0.70  |
| 40-44        | \$1.20  |
| 45-49        | \$1.60  |
| 50-54        | \$2.60  |
| 55-59        | \$3.70  |
| 60-64        | \$6.70  |
| 65-69        | \$6.70  |
| 70+          | \$10.60 |

## MONTHLY PREMIUMS - DEPENDENT LIFE PLAN

| Coverage Amount | Your Cost |
|-----------------|-----------|
| \$2,000.00      | \$0.94    |
| \$4,000.00      | \$1.88    |
| \$6,000.00      | \$2.82    |
| \$12,000.00     | \$5.64    |
| \$15,000.00     | \$7.06    |

## BIWEEKLY PREMIUMS - SHORT-TERM DISABILITY PLAN

| Your Cost   |
|---|
| \$0.89 per \$100 of your biweekly base salary                   |
| Biweekly premium = (Biweekly base salary/100)x\$0.89            |
| Example: Biweekly base salary = \$1,000;                        |
| Biweekly premium = (\$1,000/100)x\$0.89 = \$8.90 per pay period |